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Mar 30, 1999 8:00 am
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03-30-1999 90050 016 ****61.25

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000005202

1. Corporation Name
SAVE OUR EVERGLADES ALLIANCE, INC.

Principal Place of Business
 1919 ESPANOLA DR.
 ORLANDO FL 32804

Mailing Address
 1919 ESPANOLA DR.
 ORLANDO FL 32804



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 11 DELEON AVENUE		26 P O BOX 1915		10/18/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3293184	
City & State		City & State		Applied For	
23 ISLAMORADA FL		28 ISLAMORADA FL		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired	
24 33036 USA		29 33036 USA		30 USA	
25		30		6. Election Campaign Financing	
				Trust Fund Contribution	
				Trust Fund Contribution	
				8.75 Additional Fee Required	
				5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BARLEY, M.L. 1919 ESPANOLA DR. ORLANDO FL 32804				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				11 DELEON AVENUE			
				83			
				P O BOX 1915			
				84 City			
				ISLAMORADA FL			
				85 Zip Code			
				33036			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE M L Barley DATE 3/25/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	MILLS, JON L	1.2 NAME	
STREET ADDRESS	2727 NW 58TH BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32606	1.4 CITY-ST-ZIP	
TITLE	CTD	2.1 TITLE	
NAME	BARLEY, M. L	2.2 NAME	
STREET ADDRESS	1919 ESPANOLA DRIVE	2.3 STREET ADDRESS	11 DELEON AVENUE
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ISLAMORADA FL 33036
TITLE	SD	3.1 TITLE	
NAME	PATTERSON, GAIL C	3.2 NAME	
STREET ADDRESS	6521 JOHN ALDEN WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: M L Barley **SIGNATURE REQUIRED** DATE 3/25/99 DAYTIME PHONE # 305/664-5598
Signature and typed or printed name of signing officer or director

CR2E037 (1/1/98)